

# CLAIMS ONLY

Application Number

10030460

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					/	
2						/
3						/
4						/
5						/
6						/
7						/
8						/
9						/
10						/
11						/
12						/
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37						/
38						/
39						/
40						/
41						/
42					/	
43					/	
44						/
45						/
46						
47						
48						
49						
50						
Total Indep					4	
Total Depend					41	
Total Claims					45	

	Indep	Depend	Indep	Depend	Indep	Dep
51						
52						
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54						
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100						
Total Indep						
Total Depend						
Total Claims						